Kansas Department of Agriculture

Division of Food Safety and Lodging

1320 Research Park Drive, Manhattan, KS 66502 (office) 785-564-6767 (fax) 785-564-6779

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Insp Date: 5/14/2015 Business ID: 4471	'16FE Inspection:	31002499
--	-------------------	----------

Business: HEN HOUSE #24

Store ID:

11721 ROE AVE

Phone: 9133380600 **Inspector:** KDA31

LEAWOOD, KS 66206

Reason: 13 Re-Opening Inspection

Results: Follow-up

Time In / Time Out

Good Hygienic Practices

Date	In	Out	Insp	Travel	Total	Mileage	Notes;
05/14/15	07:47 AM	09:00 AM	1:13	0:25	1:38	0	
Total:			1:13	0:25	1:38	0	

FOOD ESTABLISHMENT PROFILE						
Insp. Notification Print		Li	c. Ins	p	No	<u> </u>
Priority(P) Violations 1 Priority foundation(Pf) Violations 0						
Certified Manager on Staff · · · Address Verified þ Certified Manager Present · ·	Actu	al Sq.	Ft. ()		
INSPECTION INFORMATION						
Risk factors are improper practices or procedures identified as the most prevalent contributing far Public health interventions are control measures to prevent food-borne illness or injury. Good Retail Practices are preventative measures to control the addition of pathogens, chemicals Violations cited in this report must be corrected within the time frames entered below, or as stated code.	and phys	sical c	bject	s into	food	S.
P=Priority Violation, Pf=Priority foundation violation, HACCP=Hazard Analysis-Critical Control PcRTE=Ready to Eat, HSP=Highly Susceptible Population, K.S.A.=Kansas Statutes Annotated, All degrees Fahrenheit (°F).						ı
IF YOU HAVE ANY QUESTIONS PLEASE VISIT www.agriculture.ks.gov, EMAIL fsl@kda.ks.gov	, OR CA	LL (78	35) 56	64-67	67.	
COMPLIANCE KEY: Y=in compliance; N=not in compliance; O=not observed; A=not applicable; R=repeat violation.	C=correc	ted or	n-site	durir	ng ins	pection;
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
Demonstration of Knowledge	Y	Ν	0	Α	С	R
1. Certification by accredited program, compliance with Code, or correct responses.		••		••	••	
Employee Health	Y	Ν	0	Α	С	R
2. Management awareness; policy present.				••		
3. Proper use of reporting, restriction and exclusion.						

YNOACR

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Good Hygienic Practices	Y	N	0	Α	С	R
4. Proper eating, tasting, drinking, or tobacco use	••			••	••	••
5. No discharge from eyes, nose and mouth.					••	
Preventing Contamination by Hands	Y	N	0	Α	С	R
6. Hands clean and properly washed.	••			••		••
7. No bare hand contact with RTE foods or approved alternate method properly followed.	• •			••		
8. Adequate handwashing facilities supplied and accessible.	••			••		
Approved Source	Y	Ν	0	Α	С	R
9. Food obtained from approved source.	• •			••		
10. Food received at proper temperature.		••		••	••	
11. Food in good condition, safe and unadulterated.						
12. Required records available: shellstock tags, parasite destruction.						
Protection from Contamination	Y	Ν	Ο	Α	С	F
13. Food separated and protected.						
14. Food-contact surfaces: cleaned and sanitized.						
15. Proper disposition of returned, previously served, reconditioned and unsafe food.						
Potentially Hazardous Food Time/Temperature	Y	Ν	0	Α	С	F
16. Proper cooking time and temperatures.						
17. Proper reheating procedures for hot holding.						
18. Proper cooling time and temperatures.						
19. Proper hot holding temperatures.						
20. Proper cold holding temperatures.						
21. Proper date marking and disposition.						
22. Time as a public health control: procedures and record.						
Consumer Advisory	Y	N	Ο	Α	С	F
23. Consumer advisory provided for raw or undercooked foods.						
Highly Susceptible Populations	Y	N	0	Α	С	F
24. Pasteurized foods used; prohibited foods not offered.						
Chemical	Y	Ν	0	Α	С	F
25. Food additives: approved and properly used.						
26. Toxic substances properly identified, stored and used.						
Conformance with Approved Procedures	Y	N	0	Α	С	F
27. Compliance with variance, specialized process and HACCP plan.						
OOD RETAIL PRACTICES						
Safe Food and Water	Y	N	0	Α	С	F
28. Pasteurized eggs used where required.						
29. Water and ice from approved source.						

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Safe Food and Wa	ater		Υ	N	0	Α	С	R
30. Variance of	otained for specia	alized processing methods.						
Food Temperature	Υ	Ν	0	Α	С	R		
31. Proper cool				••				
32. Plant food p	properly cooked f	or hot holding.	••		••	••		
33. Approved th	nawing methods	used.	••		••	••		
34. Thermomet	ers provided and	accurate.						
Food Identification	า		Υ	Ν	0	Α	С	R
35. Food prope	rly labeled; origin	nal container.	••			••	••	
Prevention of Foo	d Contamination		Υ	Ν	0	Α	С	R
36. Insects, rod	lents and animals	s not present.		þ			••	
Fail Notes	6-501.111(A) 6-501.112	 P - Pests (Prohibited) The PREMISES shall be maintained from insects, rodents, and other pests. [1 live roach on its back dying was the floor under the warewatequipment. Pest control service was onsite.] Dead or trapped birds, insects, rodents, and other pests shall removed from control devices and the PREMISES at a frequence. 	ash I be					
		that prevents their accumulation, decomposition, or the attractive pests. [Dead roaches were on the floor under the warewash equipment of the state	tion o	f				
37. Contaminat	ion prevented du	ring food preparation, storage and display.						
38. Personal cl	eanliness.							
39. Wiping cloth	hs: properly used	and stored.						
40. Washing fru	uits and vegetable	es.						
Proper Use of Ute	ensils		Υ	Ν	0	Α	С	R
41. In-use uten	sils: properly stor	red.						
42. Utensils, ed	quipment and line	ens: properly stored, dried and handled.						
43. Single-use	and single-servic	e articles: properly used.	••	••	••	••		
44. Gloves use	d properly.		••	••	••	••		
Utensils, Equipme	ent and Vending		Υ	Ν	0	Α	С	R
45a. Food and used- P and Pf		surfaces cleanable, properly designed, constructed and	••					
45b. Food and used- Core iten								
46. Warewashi	ng facilities: insta	alled, maintained, and used; test strips.						
47. Non-food co	ontact surfaces c	lean.						
Physical Facilities			Υ	Ν	0	Α	С	R
48. Hot and col	d water available	e; adequate pressure.						
49. Plumbing in								
50. Sewage an	d waste water pr	operly disposed.						
51. Toilet facilit		••		••				

KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

Physical Facilities] Y	N	0	Α	С	R
52. Garbage and refuse properly disposed; facilities maintained.	••		••	••	••	
53. Physical facilities installed, maintained and clean.	••		••	••	••	
54. Adequate ventilation and lighting; designated areas used.			••	••		
Administrative/Other	Y	Ν	0	Α	С	R
55. Other violations	••		••	••	••	
DUCATIONAL MATERIALS						

The following educational materials were provided

NOTICE OF NON COMPLIANCE WITH KANSAS LAW

Insp Date: 5/14/2015 Business ID: 44716FE Inspection: 31002499

Business: HEN HOUSE #24 Store ID:

Phone: 9133380600 **Inspector:** KDA31

LEAWOOD, KS 66206 Reason: 13 Re-Opening Inspection

Time In / Time Out

	Date	In	Out	Insp	Travel	Total	Mileage	Notes;
	05/14/15	07:47 AM	09:00 AM	1:13	0:25	1:38	0	
ĺ	Total:			1:13	0:25	1:38	0	

NOTICE OF NON COMPLIANCE WITH KANSAS LAW

11721 ROE AVE

The Kansas Food, Drug and Cosmetic Act, effective July 1, 2012 includes K.S.A. 65-619 et seq. and regulations promulgated pursuant thereto and grants the Kansas Department of Agriculture the authority to regulate food establishments and food processing plants.

The Kansas Food, Drug and Cosmetic Act requires that all violations shall be corrected no later than 10 days after this inspection unless otherwise directed on this form.

Failure to comply with the food safety law and its regulations may result in embargo of non-compliant products; immediate closure of your establishment; civil penalties of up to \$1,000.00 per violation; denial of license renewal, modification, suspension and/or revocation of any license or authority issued pursuant to the food safety law; and/or any other penalty authorized by law. Pursuant to K.S.A. 65-619 et seq, licensees issued authority under the Kansas Food, Drug and Cosmetic Act may apply to the secretary for an extension of the time prescribed above.

	Follow up Schedu	ıled <u>05/24/15</u>
Inspection Report Numbe	r <u>31002499</u>	Inspection Report Date <u>05/14/15</u>
Establishment Name	HEN HOUSE #24	
Physical Address	11721 ROE AVE	City LEAWOOD
		Zip <u>66206</u>
Additional Notes and Instructions		